Complete Summary

TITLE

Hypertension: percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (BP less than 140/90 mm Hg) during the measurement year.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (BP less than 140/90 mm Hg) during the measurement year.

RATIONALE

One out of every 3 Americans currently has hypertension, or "high blood pressure," and over 90 percent of middle-aged and elderly Americans will be

affected by it at some point in their lives. The risk of developing hypertension increases greatly with age. Despite available effective treatment options, studies show that over half of Americans with hypertension go untreated or undertreated.

PRIMARY CLINICAL COMPONENT

Hypertension

DENOMINATOR DESCRIPTION

Members 18 through 85 years of age as of December 31 of the measurement year with a diagnosis of hypertension confirmed by chart review (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

The number of members in the denominator whose most recent blood pressure (BP) is adequately controlled* during the measurement year (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

*For a member's BP to be controlled, *both* the systolic and diastolic BP *must* be less than 140/90 (adequate control).

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

American Heart Association. Heart disease & stroke statistics: 2009 update. Dallas (TX): American Heart Association; 2009. 36 p.

National Committee for Quality Assurance (NCQA). The state of health care quality 2009. Washington (DC): National Committee for Quality Assurance (NCQA); 2009. 127 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/Medicare
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 18 to 85 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

See the "Rationale" field.

BURDEN OF ILLNESS

- Nearly one-third of adults with high blood pressure are unaware of their condition, thus increasing the risk of associated complications and diseases.
- People with hypertension have twice the lifetime risk of stroke compared to those without hypertension.
- High blood pressure was listed as a primary or contributing cause in approximately 319,000 deaths in the U.S. in 2005.

EVIDENCE FOR BURDEN OF ILLNESS

American Heart Association. Heart disease & stroke statistics: 2009 update. Dallas (TX): American Heart Association; 2009. 36 p.

American Heart Association. High blood pressure statistics - update. [internet]. Dallas (TX): American Heart Association; 2009 Mar 23[accessed 2009 May 01].

Seshadri S, Beiser A, Kelly-Hayes M, Kase CS, Au R, Kannel WB, Wolf PA. The lifetime risk of stroke: estimates from the Framingham Study. Stroke2006 Feb;37(2):345-50. PubMed

UTILIZATION

Unspecified

COSTS

In 2009, the estimated direct and indirect costs associated with high blood pressure in the U.S. totaled $73.4 billion.

EVIDENCE FOR COSTS

American Heart Association. Heart disease & stroke statistics: 2009 update. Dallas (TX): American Heart Association; 2009. 36 p.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Members 18 through 85 years of age as of December 31 of the measurement year with a diagnosis of hypertension confirmed by chart review who were continuously enrolled during the measurement year with no more than one gap in continuous enrollment of up to 45 days during the measurement year (commercial, Medicare) or with not more than a one-month gap in coverage (Medicaid)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Members 18 through 85 years of age as of December 31 of the measurement year with a diagnosis of hypertension* confirmed by chart review

To confirm the diagnosis of hypertension, the organization must find notation of one of the following in the medical record on or before June 30 of the measurement year:

- Hypertension (HTN)
- High blood pressure (HBP)
- Elevated blood pressure (?BP)
- Borderline HTN
- Intermittent HTN
- History of HTN
- Hypertensive vascular disease (HVD)
- Hyperpiesia
- Hyperpiesis

The notation of hypertension may appear anytime on or before June 30 of the measurement year, including prior to the measurement year. It does not matter if hypertension was treated or is currently being treated. Refer to the original measure documentation for further details.

**Hypertensive*. A member is considered hypertensive if there is at least one outpatient encounter with an International Classification of Diseases, Ninth Revision (ICD-9) diagnosis code of 401 during the first six months of the measurement year. Use the codes listed in Table CBP-B in the original measure documentation to define outpatient visits.

Exclusions

- Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) (refer to Table CBP-C in the original measure documentation for codes to identify exclusions) on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note indicating evidence of ESRD. Documentation of dialysis or renal transplant also meets the criteria for evidence of ESRD.
- Exclude from the eligible population all members with a diagnosis of pregnancy (refer to Table CBP-C in the original measure documentation) during the measurement year.
- Exclude from the eligible population all members who had an admission to a nonacute inpatient setting any time during the measurement year. Refer to Table FUH-B in the original measure documentation for codes to identify nonacute care.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
The number of members in the denominator whose blood pressure (BP) is adequately controlled* during the measurement year

*For a member's BP to be controlled, *both* the systolic and diastolic BP *must* be less than 140/90 (adequate control).

To determine if a member's BP is adequately controlled, the organization must identify the representative BP**.

***Representative BP*: The most recent BP reading during the measurement year (as long as it occurred after the diagnosis of hypertension was made). If multiple BP measurements occur on the same date or are notated in the chart on the same date, the lowest systolic and lowest diastolic BP reading should be used. If no BP is recorded during the measurement year, the member is assumed to be "not controlled."

Exclusions
Do not include BP readings that meet the following criteria:

- BPs taken during an acute inpatient stay or an emergency department (ED) visit
- BPs taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole)

- BPs obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy)
- BP readings reported by or taken by the member

If the organization cannot find the medical record, the member remains in the measure denominator and is considered noncompliant for the numerator.

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Clinical Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial, Medicare, and Medicaid product lines.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Controlling high blood pressure (CBP).

MEASURE COLLECTION

HEDIS® 2010: Health Plan Employer Data and Information Set

MEASURE SET NAME

Effectiveness of Care

MEASURE SUBSET NAME

Cardiovascular Conditions

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2000 Jan

REVISION DATE

2009 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

MEASURE AVAILABILITY

The individual measure, "Controlling High Blood Pressure (CBP)," is published in "HEDIS® 2010. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2009. Washington (DC): National Committee for Quality Assurance (NCQA); 2009. 127 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

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